

Physicist Assistant Application

QUALIFIED MEDICAL PHYSICIST ASSISTANT AND/OR QUALIFIED EXPERT PHYSICIST ASSISTANT

General instructions

- 1. Complete all parts of the Physicist Assistant Application and Supervisory Agreement Attestation Form.
- 2. The physicist assistant applicant must review and understand the Minnesota Statute, 144.121 regarding physicist assistant supervision and competency.
- 3. The physicist assistant applicant must have a current registration as MN Service Provider (SP).
- 4. When a supervisory agreement changes or terminates the physicist assistant applicant must notify MDH in writing within 30 days.

Personal data

| irst name | M.I | Last name | |
|-------------------------|-----|-----------|----------|
| Address | | | |
| City_ | | State | Zip Code |
| Phone | | | |
| Company Name (Employer) | | | |
| | | | |

Please check the category (or categories) for which you are applying:

Qualified Medical Physicist Assistant

Qualified Expert Physicist Assistant

Minnesota Statute, 144.121

Subd. 14. Service provider practice; physicist assistant.

(a) A physicist assistant is a service provider who provides expert physics or medical physics services under the supervision of a qualified expert or a qualified medical physicist and must be deemed competent by a qualified expert or a qualified medical physicist in the appropriate fields or specialties in which services are provided.

(b) In order to provide health physics or medical physics services under the supervision of a qualified expert or a qualified medical physicist, a physicist assistant must

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<u>register with the commissioner as a physicist assistant, meet the applicable requirements in</u> Minnesota Rules, chapter 4732, and pay the fee under subdivision 1e.

- (c) Supervision as used in this subdivision refers to either personal or general supervision of a physicist assistant by a qualified expert or a qualified medical physicist according to Minnesota Rules, chapter 4732.
- (d) An individual registered with the commissioner before January 1, 2025, under Minnesota Rules, part 4732.0275, to perform expert physics services independently or medical physics services independently may continue to register and perform these services as a physicist assistant without supervision if the individual:
 - (1) holds a master's degree from an accredited college or university in medical physics, radiological sciences, or an equivalent field involving graduate study in physics applied to the application of radiation to humans;
 - (2) has at least two years of full-time practical training or supervised experience under an individual who meets the qualifications under subdivision 12 or 13; and
 - (3) pays the fee in subdivision 1e.

Qualification options

(Please select one qualification option)

Qualification Option One

A physicist assistant is a service provider who provides expert physics or medical physics services under the supervision of a qualified expert or a qualified medical physicist and must be deemed competent by a qualified expert or a qualified medical physicist in the appropriate fields or specialties in which services are provided.

Please submit the following documentation with registration:

Required documentation Qualified Medical Physicist (QMP) physicist assistant

Supervising QMP supervisory agreement attestation must include:

- 1. Printed name, signature, and MN SP registration number of physicist assistant applicant.
- 2. Printed name, signature, and MN SP registration number of supervising QMP.
- 3. Appropriate fields or specialties deemed competent.

Required documentation Qualified Expert (QE) physicist assistant

Supervising QE supervisory agreement attestation must include:

- 1. Printed name, signature, and MN SP registration number of physicist assistant applicant.
- 2. Printed name, signature, and MN SP registration number of supervising QE.
- 3. Appropriate fields or specialties deemed competent.

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Qualification Option Two

An individual registered with the commissioner before January 1, 2025, under Minnesota Rules, part 4732.0275, to perform expert physics services independently or medical physics services independently may continue to register and perform these services as a physicist assistant without supervision if the individual:

- a) Holds a master's degree from an accredited college or university in medical physics, radiological sciences, or an equivalent field involving graduate study in physics applied to the application of radiation to humans and
- b) Has at least two years of full-time practical training or supervised experience under an individual who meets the qualifications of a qualified medical physicist or qualified expert (according to MN Statue 144.121).

If you qualify by this option submit the following documentation:

Required documentation QMP physicist assistant

- 1. Copy of master's degree.
- 2. College transcript (if field of study is not clear on degree).
- 3. Required documentation QMP physicist assistant:
 - a. Documentation of practical training or supervised experience.
 - b. QMP attestation of training and experience must include:
 - i. Printed name, signature, and MN SP registration number of physicist assistant applicant.
 - ii. Printed name, signature, and MN SP registration number of QMP.
 - iii. Expert physics services or medical physics services to perform.

Required documentation QE physicist assistant

- 1. Copy of master's degree.
- 2. College transcript (if field of study is not clear on degree).
- 3. Required documentation QE physicist assistant:
 - a. Documentation of practical training or supervised experience.
 - b. QMP attestation of training and experience must include:
 - i. Printed name, signature, and MN SP registration number of physicist assistant applicant.
 - ii. Printed name, signature, and MN SP registration number of QE.
 - iii. Expert physics services or medical physics services to perform.

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Signature

I have read and understand the requirements and limitations regarding the practice of a physicist assistant. Additionally, I certify that the information provided with this application is true and accurate. I am aware that any false statements and/or information may result in the denial of this application, the revocation of registration, and other enforcement penalties.

| Signature | |
|---|--|
| | |
| Date | |
| | |
| Any questions, call the X-ray Unit at 651-201-4545. | |

Minnesota Department of Health Radiation Control, X-ray Unit 625 Roberts St N PO Box 64497 St. Paul, MN 55164-0497 651-201-4545 health.xray@state.mn.us www.health.state.mn.us

08/04/25

To obtain this information in a different format, call: 651-201-4545.